PREFERRED CUSTOMER PROGRAM

VALUE-ADDED PROGRAM AUTHORIZATION

Chain Authorizations

THE UNDERSIGNED RETAILER AGREES TO ACCEPT ALL *R. J. REYNOLDS'* PACK PROMOTIONS SHIPPED TO THEM ON A MONTHLY BASIS FROM THEIR (VAP) WHOLESALER. THE RETAILER ALSO UNDERSTANDS THAT REFUSAL OF ANY PROMOTION SHIPPED TO THEM MAY RESULT IN REMOVAL FROM THE PREFERRED CUSTOMER LIST, AND DENIAL OF FUTURE *R. J. REYNOLDS'* PACK PROMOTIONS.

NEW ☐ CHANGE ☐ DELETE ☐

BEGINNING DATE Continuation ENDING DATE 12/96

DIVISION / TERRITORY NO. 1642 ACCOUNT NO. 473399

CHAIN ID NO. 3280-00-00

ACCOUNT NAME Convenient Express

ADDRESS P.O. Box 680 Malloy Rd.

CITY Central Square STATE NY ZIP CODE 13036

PHONE (315) 668-8910

VAP WHOLESALER McLANE NE VAP SIS ACCOUNT NO. 375878

VAP SUPPLIER NO. _____ NO. DISPLAYS / PERIOD ONE (1)
(DIRECT ACCOUNT PROVIDES IF THEY REQUIRE #6)

MINIMUM P.O.S. / PRESENCE REQUIREMENTS _____

AUTHORIZED SIGNATURE

RJR REPRESENTATIVE NAME

DO NOT WRITE BELOW THIS LINE / FOR OFFICE USE ONLY

Date Entered into SIS

Entered by

VAPNEW.DOC

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